Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		re Report	Type or print in ink. Amounts may be rounded to whole dollars.		s period	Date Stamp 9/25/2003	CALIFORNIA 465		65
		NS ON REVERSE	Amendment (Explain Below	v) through <u>9/20/200</u>)3		Page <u>1</u> of <u>4</u>		
	An	nendment No 000		Date of election i	if applicable:		For Offici	al Use O	nly
		Report No CM1		10/7/2003					
1.	Committe	ee/Filer Information	I.D. NUMBER (if recipient committee) 981521	Treasure	(If recipient commi	ttee)			
	COMMITTEE/FII	LER'S NAME		NAME OF TREA	ASURER				
	Californians for	r Responsible Choices - a project of Planned Pa	renthood Affiliates of California	Katherine Knee	er				
	STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CO	ODE/PHO	NE
				G		CA 05914	(016) 44	16 5047	
	Sacramento OPTIONAL: FAX	CA (/E-MAIL ADDRESS	95814	Sacramento OPTIONAL: FAX	K/E-MAIL ADDRESS	CA 95814	(916) 44	16-5247	
	NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		SUPPORT	OPPOSE
	NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
	Recall of Govern	nor Gray Davis			Statewide				X
3.	Independ	lent Expenditures Made Atta	ch additional information on appropria	ately labeled continuation	n sheets.		CUMUI	ATIVE TO	
	DATE	NAME AND ADDRESS	OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CAL	ENDAR Y N.1 - DEC.	EAR
9/4/	/2003	Carol/Trevelyan Strategy Group Eugene, OR 97401	Webs	ite Development		\$2,660.00	\$2,660.00		
9/18	8/2003	Moxie Media, Inc. Seattle, WA 98102	Maile	r		\$10,500.00	\$10,500.00		
		Capitol City Press Olympia, WA 98501	Maile	r		\$.00	\$.00		
		Orympia, WA 20001							

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA 465 Page 2 of 4		
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Belo	ow) through <u>9/20/200</u>	3				
Amendment No 000			Date of election i	f applicable:		For Official Use		
	Report No CM1		10/7/2003					
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	littee)			
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE	
OPTIONAL: FAX/E	F-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS					
2. Name of Ca	andidate or Measure Sup	ported or Opposed				СН	ECK ONE	
NAME OF CANDID	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ORT OPPOSE	
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE	
3. Independe	ent Expenditures Made Att	ach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE		
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDA (JAN.1 - D		
	Blue Design Seattle, WA 98102	Mail	er		\$.00	\$.00		
9/7/2003	Telines, Inc. Los Angeles, CA 90005	Phon	nebank		\$15,000.00	\$15,000.00		

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent

Type or print in ink.

	SUPPLEMENTAL INDEPENDENT EXPENDITU						
	Report covers period	CALIFORNIA	165				
om	1/1/2003	FORM	TUJ				
	. 9/20/2003	D 3	- c 1				

	penditure Report			vhole dollars.	from1/1/2003	C C	ALIFOR FORM	^{NIA} 465
SEE	INSTRUCTIONS ON REVERSE				through <u>9/20/2003</u>	Pa	age <u>3</u>	of <u>4</u>
NAM	IE OF FILER					I.D	D. NUMBER	(If recipient com.)
Calii	fornians for Responsible Choices - a project of Planned Parentho	od Affiliates of C	alifornia			981	1521	
4.	Summary							
	1. Total independent expenditures made of \$1	00 or more tl	his period. (Part 3.).					\$28,160.00
	2. Total independent expenditures under \$100) made this p	eriod. (Not itemized	l.)				\$0.00
	3. Total independent expenditures made this p	period (Add L	ines 1 + 2.)			тот	AL	\$28,160.00
5.	Filing Officers Enter the name and address of e	each filing office	r with whom the filer's m	ost recent campaign statem	ents (Form 450, 460 or 46	1) have been filed.		
5.	Filing Officers Enter the name and address of 6 1) NAME OF FILING OFFICER	each filing office	r with whom the filer's m	ost recent campaign statem 3) NAME OF FILING		1) have been filed.		
5.		each filing office	r with whom the filer's m	_	OFFICER	1) have been filed.		
5.	1) NAME OF FILING OFFICER	each filing office	r with whom the filer's m	3) NAME OF FILING	OFFICER			
5 .	NAME OF FILING OFFICER Secretary of State	each filing office	r with whom the filer's m	3) NAME OF FILING Sacramento County I	OFFICER Registrar of Voters		<u> </u>	ZIP CODE
5 .	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET)			3) NAME OF FILING Sacramento County I ADDRESS	OFFICER Registrar of Voters	STREET)		ZIP CODE 95827
5.	NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY	OFFICER Registrar of Voters (NO. AND	STREET) STATE		
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY Sacramento	OFFICER Registrar of Voters (NO. AND	STREET) STATE		
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento 2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY Sacramento 4) NAME OF FILING	OFFICER Registrar of Voters (NO. AND	STREET) STATE CA		
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento 2) NAME OF FILING OFFICER Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY Sacramento 4) NAME OF FILING San Francisco Count	OFFICER Registrar of Voters (NO. AND OFFICER ty Registrar Recorder	STREET) STATE CA		

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	9/25/2003	By Alois Alois Alois Alois				
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER				
Executed on	9/25/2003	By Alois Alois Alois Alois				
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR				
Executed on		By				
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT				
Executed on		By				
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT				

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC